

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942
Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1307
Registrar's No. 288

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 12 yrs
years, months or days)

3. (a) PRINT FULL NAME HOMER LEFFOON

3. (b) If veteran, name war No 3. (c) Social Security No. 486-07-6216

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 24 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Mo City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business.

12. Name James Leffoon
13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lula Arnold
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Wilkinson

(b) Address 2005 Indep. Ave

17. (a) Burial (b) Date thereof 1-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo City

18. (a) Signature of funeral director Blackburn

(b) Address R. C. M.

19. (a) 1-22-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2005 Independence Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th
year 1942 hour 2:00 P.M. minute M.

21. I hereby certify that I attended the deceased from 1-18-42 to 1-20-42
that I last saw him alive on 1-20-42
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion
myocardial infarction mural thrombus
multiple embolic infarctions

Due to

Due to 94a

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature Mary R. Thore (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital Date signed 1-21-42

Mc

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

B. H. Blackman

Licensed Embalmer No. *2274*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.